

St. Francis Xavier's RC Primary School



APPLICATION FOR ADMISSION FOR CHRISTIAN, NON-CATHOLIC CHILDREN

QUESTIONS TO BE COMPLETED BY PARENT(S)/GUARDIAN(S)

1. Full Name of Child: Date of Birth:

2. Address:
.....

Post Code: Tel:.....

3. Denomination: (Please tick one or leave blank if not applicable)

Church of England	
Methodist	
Baptist	
Other Christian Denomination	

4. Does the child have a sibling who is currently attending St Francis Xavier's? Yes No
(Please tick one)

If yes sibling child's name..... current year.....

Name of parent(s)/guardian(s) (printed):.....

4. Signature(s): Date:

Please feel free to add any further comments relevant to this application:
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IF YOU WISH YOUR CHILD TO BE CONSIDERED UNDER CRITERIA 8 **PLEASE READ/COMPLETE THE FOLLOWING INFORMATION**

NOT REQUIRED FOR CHILDREN WHO HAVE SIBLINGS AT ST. FRANCIS XAVIER'S

PLEASE ASK YOUR MINISTER TO COMPLETE THE QUESTIONS BELOW OR PROVIDE A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE

Name:Parish:

Do you support this application for a place at St. Francis Xavier's Yes No

Priest's Signature: Date:

Please feel free to add any further comments relevant to this application:
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